



BRADLEY P. GILBERT  
DIRECTOR

State of California—Health and Human Services Agency  
Department of Health Care Services



GAVIN NEWSOM  
GOVERNOR

March 9, 2020

Sent via e-mail to: [dutecht@fresnocountyca.gov](mailto:dutecht@fresnocountyca.gov)

Dawan Utecht, Director  
Fresno County Department of Behavioral Health  
4441 East Kings Canyon Rd.  
Fresno, CA 93702  
SUBJECT: Annual County Compliance Report

Dear Director Utecht:

The Department of Health Care Services (DHCS) is responsible for monitoring compliance to the requirements of the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver and the terms of the Intergovernmental Agreement operated by Fresno County.

The County Compliance Unit (CCU) within the Audits and Investigations Division (A&I) of DHCS conducted a review of the County's compliance with contract requirements based on responses to the monitoring instrument, discussion with county staff, and supporting documentation provided by the County.

Enclosed are the results of Fresno County's State Fiscal Year 2019-20 DMC-ODS compliance review. The report identifies deficiencies, required corrective actions, new requirements, advisory recommendations, and referrals for technical assistance.

Fresno County is required to submit a Corrective Action Plan (CAP) addressing each compliance deficiency (CD) noted to the Medi-Cal Behavioral Health Division (MCBHD), Plan and Network Monitoring Branch (PNMB), County Monitoring Unit (CMU) Analyst by 4/9/2020. Please use enclosed CAP plan form when completing the CAP. CAP and supporting documentation to be e-mailed to the CMU analyst at [MCBHDMonitoring@dhcs.ca.gov](mailto:MCBHDMonitoring@dhcs.ca.gov).

If you have any questions regarding this report or need assistance, please contact me.

Sincerely,

Michael Bivians  
(916) 713-8966  
[michael.bivians@dhcs.ca.gov](mailto:michael.bivians@dhcs.ca.gov)

Audits and Investigations Division  
Medical Review Branch  
Behavioral Health Compliance Section  
County Compliance Unit  
1500 Capitol Ave., MS 2305  
Sacramento, CA 95814  
<http://www.dhcs.ca.gov>

Distribution:

To: Director Dawan Utecht,

CC: Mateo Hernandez, Audits and Investigations, Medical Review Branch Acting Chief  
Lanette Castleman, Audit and Investigation, Behavioral Health Compliance Section Chief  
Mayumi Hata, Audit and Investigation, County Compliance Unit Chief  
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Chief  
[MCBHDMonitoring@dhcs.ca.gov](mailto:MCBHDMonitoring@dhcs.ca.gov), County and Provider Monitoring Unit  
Katherine Anderson, Fresno County Principal Staff Analyst  
Susan Holt, Fresno County Deputy Director, Clinical Operations

<b>Lead CCU Analyst:</b> Michael Bivians	<b>Date of Review:</b> 1/21/2020 - 1/23/2020  <b>Date of DMC-ODS Implementation:</b> 1/1/2019
<b>County:</b> Fresno	<b>County Address:</b> 3133 N. Millbrook Ave. Fresno, CA 93703
<b>County Contact Name/Title:</b> Katherine Anderson, Principal Staff Analyst	<b>County Phone Number/Email:</b> 559-600-6060 kathyanderson@fresnocountyca.gov
<b>Report Prepared by:</b> Michael Bivians	<b>Report Approved by:</b> Mayumi Hata

## REVIEW SCOPE

- I. Regulations:
  - a. Special Terms and Conditions (STCs) for California's Medi-Cal 2020 section 1115(a) Medicaid Demonstration STC, Part X: Drug Medi-Cal Organized Delivery System
  - b. Code of Federal Regulations, Title 42, Chapter IV, Subchapter C, Part 438; section 438.1 through 438.930: Managed Care
  
- II. Program Requirements:
  - a. State Fiscal Year (SFY) 2019-20 Intergovernmental Agreement (IA)
  - b. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices

## ENTRANCE AND EXIT CONFERENCE SUMMARIES

### Entrance Conference:

An entrance conference was conducted at 3133 N. Millbrook Ave. Fresno, CA 93703 on 1/21/2020. The following individuals were present:

- Representing DHCS:  
Michael Bivians, Associate Governmental Program Analyst (AGPA)
- Representing Fresno County:  
Katherine Anderson, Principal Staff Analyst  
Sharon Erwin, Senior Staff Analyst  
Cesar Rodriguez, Senior Staff Analyst  
Taylor Hailemariam, Finance Program Technician  
Stephane Montejan, Finance Program Technician  
Marcelia Black, LCSW, Clinical Supervisor  
Tanimara Puente, Finance Division Senior Staff Analyst  
Elizabeth Vasquez, Compliance Officer  
Julie Apperson, Clinical Supervisor Pathways  
Jolie Gordon-Browar, Division Manager Adult Services  
Karen Tombs, Nurse Manager  
Susan Holt, Deputy Director, Clinical Operations  
Stacy VanBruggen, Division Manager Adult Services  
Aimie Rojas, Clinical Supervisor, Youth Wellness  
Lisa Ruiz, Program technician  
Amy Ryals, Staff Analyst  
Matthieu Gee, Program Technician  
Mark Winslow, Business Systems Analyst  
Kannika Toonnachat, Division Manager

During the Entrance Conference the following topics were discussed:

- Introductions
- Overview of the Monitoring Process
- DHCS Re-Organization
- Medi-Cal Healthier California for All (CalAIM)
- Fresno County Overview of Services

Exit Conference:

An exit conference was conducted at 3133 N. Millbrook Ave. Fresno, CA 93703 on 1/23/2020. The following individuals were present:

- Representing DHCS:  
Michael Bivians, AGPA
  
- Representing Fresno County:  
Katherine Anderson, Principal Staff Analyst  
Sharon Erwin, Senior Staff Analyst  
Cesar Rodriguez, Senior Staff Analyst  
Kannika Toonnachat, Division Manager Mental Health  
Susan Holt, Deputy Director, Clinical Operations  
Elizabeth Vasquez, Compliance Officer  
Marcelia Black, LCSW, Clinical Supervisor  
Nicholas Delgado, Senior Substance Abuse Specialist

During the Exit Conference the following topics were discussed:

- Review of Compliance Deficiencies
- Follow Up Deadlines
- CAP Distribution to DHCS

**SUMMARY OF SFY 2019-20 COMPLIANCE DEFICIENCIES (CD)**

<b>Section:</b>	<b>Number of CD's:</b>
<b>1.0 Administration</b>	<b>0</b>
<b>2.0 Member Services</b>	<b>0</b>
<b>3.0 Service Provisions</b>	<b>0</b>
<b>4.0 Access</b>	<b>0</b>
<b>5.0 Coordination of Care</b>	<b>0</b>
<b>6.0 Monitoring</b>	<b>1</b>
<b>7.0 Program Integrity</b>	<b>3</b>
<b>8.0 Compliance</b>	<b>7</b>

**CORRECTIVE ACTION PLAN**

Pursuant to the Intergovernmental Agreement, Exhibit A, Attachment I, Part II, Section EE, 2 each CD identified must be addressed via a CAP. The CAP is due within thirty (30) calendar days of the date of this monitoring report. Advisory Recommendations (AR) are not required to be addressed in the CAP.

Please provide the following within the completed SFY 2019-20 CAP:

- a) A statement of the CD.
- b) A list of action steps to be taken to correct the CD.
- c) A date of completion for each CD.
- d) The name of the person who will be responsible for corrections and ongoing compliance.

The CMU liaison will monitor progress of the CAP completion.



## 6.0 MONITORING

The following deficiency in monitoring was identified:

### COMPLIANCE DEFICIENCY:

#### **CD 6.26**

#### Intergovernmental Agreement Exhibit A, Attachment I, III, OO, 1, i, d

##### 1. Monitoring

- i. Contractor's performance under this Exhibit A, Attachment I, shall be monitored by DHCS annually during the term is the Agreement. Monitoring criteria shall include, but not be limited to:
  - d. Contractor shall conduct annual onsite monitoring reviews of services and subcontracted services for programmatic and fiscal requirements. Contractor shall submit copy of their monitoring and audit reports to DHCS within two weeks of issuance. Reports should be sent by secure, encrypted e-mail to:

sudcountyreports@dhcs.ca.gov

Alternatively, mail to:

Department of Health Care Services  
SUD - Program, Policy and Fiscal Division  
Performance & Integrity Branch  
PO Box 997413, MS-2627  
Sacramento, CA 95899-7413

**Finding:** The Plan indicated a total of 18 DMC-ODS monitoring reports were sent to DHCS for SFY 2018-19. The Plan did not monitor all providers for DMC-ODS programmatic and fiscal requirements. The Plan did monitor 26 of 35 Plan and sub-contracted providers for DMC-ODS programmatic and fiscal requirements. The Plan did submit 23 of 26 DMC-ODS programmatic and fiscal monitoring reports to DHCS within two weeks of report issuance. The Plan did submit 3 of 26 DMC-ODS programmatic and fiscal monitoring reports to DHCS three weeks after report issuance.

## 7.0 PROGRAM INTEGRITY

The following deficiencies in quality regulations, standards, or protocol requirements were identified:

### COMPLIANCE DEFICIENCIES:

#### **CD 7.43:**

##### Intergovernmental Agreement Exhibit A, Attachment I, II, H, 5, v, c

- v. Treatment of recoveries made by the Contractor of overpayments to providers.
- c. The Contractor shall annually report to the Department on their recoveries of overpayments.

#### MHSUDS Information Notice 19-022

Consistent with Exhibit A, Attachment I of the Intergovernmental Agreement (IA), DMC-ODS counties must submit a completed and signed certification statement on county letterhead to ODSSubmissions@dhcs.ca.gov. The certification is required with each submission of the following data, documentation, and information:

- Annual report of overpayment recoveries;

The certification statement must be on county letterhead and conform to the following requirements:

- Indicate the current month during which all data, information, and documentation submitted to DHCS, as described above, is certified;
- Reference, with specificity, all types of data, information, and documentation described in the bulleted list above; and
- State that the data, information, and documentation to which the certification statement applies is “accurate, complete, and truthful” to the declarant’s “best information, knowledge, and belief.”

The Chief Executive Officer (CEO), the Chief Financial Officer (CFO), or an individual who reports to the CEO or CFO with the delegated authority to sign for the CEO or CFO, so that the CEO or CFO is ultimately responsible for the certification, must sign the certification statement. The attached DMC-ODS County Certification template includes the requirements described above.

**Finding:** The Plan does not ensure overpayments are properly communicated to DHCS.

#### **CD 7.45:**

##### Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 7, iii, a-i

- iii. Written provider code of conduct for employees and volunteers/interns shall be established which addresses at least the following:
  - a. Use of drugs and/or alcohol
  - b. Prohibition of social/business relationship with beneficiaries or their family members for personal gain
  - c. Prohibition of sexual contact with beneficiaries
  - d. Conflict of interest
  - e. Providing services beyond scope
  - f. Discrimination against beneficiaries or staff

- g. Verbally, physically, or sexually harassing, threatening or abusing beneficiaries, family members or other staff
- h. Protection of beneficiary confidentiality
- i. Cooperate with complaint investigations

Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 7, v

- v. Written roles and responsibilities and a code of conduct for the Medical Director shall be clearly documented, signed and dated by a provider representative and the physician.

**Finding:** The Plan's SUD program Medical Director's signed Code of Conduct for Turning Point of Central California is missing the following elements:

- Use of drugs and/or alcohol
- Prohibition of social/business relationship with beneficiaries or their family members for personal gain
- Prohibition of sexual contact with beneficiaries
- Conflict of interest
- Providing services beyond scope
- Discrimination against beneficiaries or staff
- Verbally, physically, or sexually harassing, threatening or abusing beneficiaries, family members or other staff
- Cooperate with complaint investigations
- Shall be clearly documented, signed and dated by a provider representative and the physician

The Plan's SUD program Medical Director's signed Code of Conduct for Kings View Rural Services is missing the following elements:

- Providing services beyond scope
- Cooperate with complaint investigations

The Plan's SUD program Medical Director's signed Code of Conduct for WestCare is missing the following elements:

- Use of drugs and/or alcohol
- Prohibition of social/business relationship with beneficiaries or their family members for personal gain
- Prohibition of sexual contact with beneficiaries
- Conflict of interest
- Discrimination against beneficiaries or staff
- Verbally, physically, or sexually harassing, threatening or abusing beneficiaries, family members or other staff
- Protection of beneficiary confidentiality
- Cooperate with complaint investigations
- Shall be clearly documented, signed and dated by a provider representative and the physician

**CD 7.46:**

Intergovernmental Agreement Exhibit A, Attachment I, III, AA, 1-2 iv

1. In addition to complying with the subcontractual relationship requirements set forth in Article II E 8 of this Agreement, the Contractor shall ensure that all subcontracts require that the Contractor oversee and is held accountable for any functions and responsibilities that the Contractor delegates to any subcontractor.
2. Each subcontract shall:
  - iv. Ensure the Contractor monitors the subcontractor's performance on an ongoing basis and subject it to an annual onsite review, consistent with statutes, regulations, and Article III.PP.

Intergovernmental Agreement Exhibit A, Attachment I, III, FF, 4, i, c-f

- i. The CalOMS-Tx business rules and requirements are:
  - c. Electronic submission of CalOMS-Tx data shall be submitted by Contractor within 45 days from the end of the last day of the report month.
  - d. Contractor shall comply with data collection and reporting requirements established by the DHCS CalOMS-Tx Data Collection Guide (Document 3J) and all former Department of Alcohol and Drug Programs Bulletins and DHCS Information Notices relevant to CalOMS-Tx data collection and reporting requirements.
  - e. Contractor shall submit CalOMS-Tx admission, discharge, annual update, resubmissions of records containing errors or in need of correction, and "provider no activity" report records in an electronic format approved by DHCS.
  - f. Contractor shall comply with the CalOMS-Tx Data Compliance Standards established by DHCS identified in (Document 3S) for reporting data content, data quality, data completeness, reporting frequency, reporting deadlines, and reporting method.

**Finding:** The following CalOMS Tx report(s) are non-compliant:

- Open Admissions Report

## 8.0 COMPLIANCE

The following program integrity deficiencies in regulations, standards, or protocol requirements were identified:

### COMPLIANCE DEFICIENCIES:

#### **CD 8.48:**

MHSUDS Information Notice IN 18-020

Intergovernmental Agreement Exhibit A, Attachment I, II, B, 2, iv, a-b

Intergovernmental Agreement Exhibit A, Attachment I, II, B, 2, xviii, a-d

**Finding:** The Plan's Provider Directory posted to the Plan's website did not include all DMC-ODS providers within the Plan's network.

#### **CD 8.49:**

Intergovernmental Agreement Exhibit A, Attachment I, III, F, 3, x

- i. Have a 24/7 toll free number for prospective beneficiaries to call to access DMC-ODS services and make oral interpretation services available for beneficiaries, as needed.

**Finding:** The Plan's Access Line is not in compliance. Three calls were made to the Access Line. One call is determined to be in compliance. Two calls made on January 21, 2020 were determined not to be in compliance.

Call 1: Completed at 06:58 a.m. was disconnected following directions to "press 1 or stay on the line" to be connected to a free language line.

Call 2: Completed at 07:02 a.m. was disconnected following directions to "press 1 or stay on the line" to be connected to a free language line.

Call 3: Completed at 10:16 a.m. was connected, after pressing 1, to an employee with Beacon and the substance of the call determined to be in compliance.

#### **CD 8.51**

Intergovernmental Agreement Exhibit A, Attachment I, III, Y, 8, ii, v, a

- a. The Contractor agrees to cure transactions errors or deficiencies identified by DHCS, and transactions errors or deficiencies identified by an enrolled provider if the Contractor is acting as a clearinghouse for that provider. If the Contractor is a clearinghouse, the Contractor agrees to properly communicate deficiencies and other pertinent information regarding electronic transactions to enrolled providers for which they provide clearinghouse services.

**Finding:** The Plan has not resolved previous deficiencies identified by DHCS in SFY 2018-19, CD 6.37, Grievances and Appeals.

**CD 8.52**

Intergovernmental Agreement Exhibit A, Attachment I, III, Y, 8, ii, v, a

- a. The Contractor agrees to cure transactions errors or deficiencies identified by DHCS, and transactions errors or deficiencies identified by an enrolled provider if the Contractor is acting as a clearinghouse for that provider. If the Contractor is a clearinghouse, the Contractor agrees to properly communicate deficiencies and other pertinent information regarding electronic transactions to enrolled providers for which they provide clearinghouse services.

**Finding:** The Plan has not resolved previous deficiencies identified by DHCS in SFY 2018-19, CD 7.40, Quality Management Plan.

**CD 8.53**

Intergovernmental Agreement Exhibit A, Attachment I, III, Y, 8, ii, v, a

- a. The Contractor agrees to cure transactions errors or deficiencies identified by DHCS, and transactions errors or deficiencies identified by an enrolled provider if the Contractor is acting as a clearinghouse for that provider. If the Contractor is a clearinghouse, the Contractor agrees to properly communicate deficiencies and other pertinent information regarding electronic transactions to enrolled providers for which they provide clearinghouse services.

**Finding:** The Plan has not resolved previous deficiencies identified by DHCS in SFY 2018-19, CD 7.43, Safety of Medication Practices.

**CD 8.54**

Intergovernmental Agreement Exhibit A, Attachment I, III, Y, 8, ii, v, a

- a. The Contractor agrees to cure transactions errors or deficiencies identified by DHCS, and transactions errors or deficiencies identified by an enrolled provider if the Contractor is acting as a clearinghouse for that provider. If the Contractor is a clearinghouse, the Contractor agrees to properly communicate deficiencies and other pertinent information regarding electronic transactions to enrolled providers for which they provide clearinghouse services.

**Finding:** The Plan has not resolved previous deficiencies identified by DHCS in SFY 2018-19, CD 7.49, Performance Improvement Plans.

**CD 8.55**

Intergovernmental Agreement Exhibit A, Attachment I, III, Y, 8, ii, v, a

- a. The Contractor agrees to cure transactions errors or deficiencies identified by DHCS, and transactions errors or deficiencies identified by an enrolled provider if the Contractor is acting as a clearinghouse for that provider. If the Contractor is a clearinghouse, the Contractor agrees to properly communicate deficiencies and other pertinent information regarding electronic transactions to enrolled providers for which they provide clearinghouse services.

**Finding:** The Plan has not resolved previous deficiencies identified by DHCS in SFY 2018-19, CD 7.50 Open Admissions Report.

**TECHNICAL ASSISTANCE**

Fresno County did not request Technical Assistance during this review.